



APPLICATION FOR COVERAGE OR MODIFICATION OF COVERAGE UNDER THE FRESH FRUIT PACKING GENERAL PERMIT

FOR OFFICE USE ONLY: Check One New ☐ Renewal ☐ Modification ☐

Application/Permit No. WAG 43- _____ Date Received _____ Date Accepted _____

This application is for coverage or modification of coverage under the Fresh Fruit Packing General Permit as required in accordance with provisions of Chapter 90.48 RCW and Chapter 173-226 WAC. Permit applications provide the Department with information on pollutants in the waste stream, materials which may enter the waste stream, flow characteristics of the discharge, and the site characteristics at the point of discharge.

The Department may request additional information at a later date to clarify the conditions of this discharge. Information previously submitted to the Department and which is applicable to this application should be referenced in the appropriate section.

This form must either be typed or printed in ink. If there is not enough room to completely answer a question, additional sheets may be attached as needed.

SECTION A. GENERAL INFORMATION			
1. Company Name			
2. Facility Name (if different from Company name)			
3. Current Wastewater Discharge Permit Number			
4. Mailing Street / PO Box Address			
City / State / Zip			
5. Facility Street Address			
City / State / Zip			
6. Facility Location	Latitude		
	Longitude		
7. Person to contact who is familiar with the information contained in this application.	Name		
	Title		
	Phone / Fax		

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status or sexual orientation. If you have special accommodation needs or require this document in alternative format, please contact Steve Huber at (509) 454-7298 (voice). Ecology's telecommunications device for the deaf (TDD) is (509) 454-7673.

8. Facility Ownership Information:

- A. Is this facility leased to or from another company or individual? YES ☐ NO ☐
If yes, complete the following table.

Lease Status (check one)	Leased to <input type="checkbox"/>	Leased from <input type="checkbox"/>
Name		
Mailing Address		
City / State / Zip		
Contact Person		
Phone Number		

- B. Will the Company or Individual listed above be responsible for permit compliance and fees? YES ☐ NO ☐

9. This application is for (check one of the following):

- ☐ **Permit Renewal** – Apply for coverage under general permit which will be re-issued in 1999.
- ☐ **Permit Modification** - Modify existing permit coverage to reflect changes in the operation or TDMs used, which result in a substantial change in the volume or characteristics of the wastewater discharged.
- ☐ **Existing Unpermitted Facility**
- ☐ **New Facility** Anticipated date of discharge: _____

10. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

NAME (PRINTED OR TYPED)	TITLE
SIGNATURE *	DATE SIGNED

*** Applications must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility.**

SECTION B. IDENTIFICATION OF WASTEWATER DISCHARGES

In this section identify and describe all of the wastewater discharges at your facility. Use a separate line for each discharge. The number in the first column will be the unique Wastewater Discharge ID Number for that discharge. This ID Number will be used to identify wastewater flows in other sections of this application. Also, be sure to include all your wastewater discharges because only discharges specified in the application form will be authorized under your permit coverage.

A discharge is defined as the point in a wastestream after any pretreatment devices (i.e. screens, lined sedimentation basins, etc.), and just prior to discharge to a Treatment / Disposal Method, where a representative sample can be taken. Discharges from the same source that have substantially different characteristics should be treated as separate discharges. For example, if apples and pears are packed on the same line the wastewater from each fruit is considered a separate discharge because the float enhancer used in the pear float tank would make the characteristics of the pear packing wastewater substantially different from that of the apple packing wastewater. Another example of separate discharges is drencher wastewater with and without calcium chloride.

The wastewater discharge description should include enough information to uniquely identify it. Some examples are "Drencher #2 wastewater containing calcium chloride", "Packing line #3 while packing pears, using ligninsulfonate pear float", or "Packing line #3 while packing apples".

WASTEWATER DISCHARGE ID NUMBER	DESCRIPTION OF WASTEWATER DISCHARGE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

SECTION C. WASTEWATER SOURCES

Check “yes” for all the operations that will take place at this facility and will generate a wastewater discharge. Complete a separate line in the table for the appropriate wastewater source for each wastewater discharge identified in Section B.

1. DRENCHING

Will drenching be done at this facility? If yes, complete one line in the following table for each drencher or combination of drencher chemicals as identified in Section B.

YES ☐

NO ☐

ID NO.	DRENCHER TYPE (TRUCK OR BIN)	MIXING TANK VOLUME (GAL)	MAXIMUM VOLUME OF SPENT DRENCHER SOLUTION GENERATED		LIST ALL DRENCHER CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS
			GAL / DAY	GAL / YEAR	

2. PRE-SIZING

Will pre-sizing be done at this facility? If yes, complete one line in the following table for each pre-size line discharge as identified in Section B.

YES ☐

NO ☐

ID NO.	FLUME VOLUME (GALLONS)	HOW OFTEN IS FLUME WATER DISCHARGED	LIST ALL CHEMICALS USED IN THE FLUME AND THEIR MAXIMUM USE CONCENTRATIONS

3. PACKING

Will packing be done at this facility? If yes, complete one line in the following table for each packing line discharge as identified in Section B.

YES ☐

NO ☐

ID NO.	FRUIT BEING PACKED	FLOAT TANK VOLUME (GAL)	FLOAT TANK DISCHARGE FREQUENCY	LIST ALL FLOAT TANK CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS	RINSE SECTION VOLUME (GAL / DAY)	LIST ALL RINSE SECTION CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS

4. STORING

Will storing (CA or regular) be done at this facility? If yes, complete one line in the following table for each discharge of non-contact cooling water (nccw) identified in Section B.

YES ☐

NO ☐

ID NO.	STORAGE TYPE (REGULAR OR CA)	DISCHARGE VOLUME (GALLONS / DAY) AVERAGE MAXIMUM		LIST ALL COOLING SYSTEM CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS (BIOCIDES, FUNGICIDES, ANTI-SCALANTS, ETC.)

5. HYDROCOOLING

Will hydro-cooling be done at this facility? If yes, complete one line in the following table for each hydrocooler discharge identified in Section B.

YES ☐

NO ☐

ID NO.	FRUIT BEING PACKED	DISCHARGE VOLUME (GALLONS / DAY)		LIST ALL HYDROCOOLER CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS
		AVERAGE	MAXIMUM	

6. OTHER WASTEWATER DISCHARGES

Are there any other wastewater discharges not already specified that are generated at this facility? If yes, complete a separate line for each additional discharge identified in Section B.

YES ☐

NO ☐

ID NO.	WASTEWATER SOURCE	DISCHARGE VOLUME (GALLONS / DAY)		LIST ALL CHEMICALS AND THEIR MAXIMUM USE CONCENTRATIONS
		AVERAGE	MAXIMUM	

SECTION D. TREATMENT / DISPOSAL METHODS (TDMs)

Indicate all Treatment / Disposal Methods (TDMs) to which wastewater will be discharged at this facility. For each TDM to which there will be a discharge complete the additional information. Identify each discharge to that TDM by the unique Wastewater Discharge ID Number that was previously assigned to that discharge in Section B.

1. LINED EVAPORATIVE LAGOONS

Will Lined Evaporative Lagoon(s) be used at this facility? YES ☐ NO ☐

If yes, complete a separate column in the table below for each lagoon.

	LAGOON 1	LAGOON 2	LAGOON 3
ID numbers from Section B. of all the wastewater discharges to this lagoon			
Lagoon dimensions: Length (feet)			
Width			
Available Depth *			
Usable Volume **			
Type of liner (i.e. HDPE)			
Liner Thickness (mil)			
Date of last liner inspection for leaks			
Description of the results of last liner inspection. Include any actions taken to correct any problems found. Attach additional sheets if necessary.			

* Available Depth = Total Lagoon depth - 2 feet of freeboard.

** Usable Volume (cubic feet) = length (feet) x width (feet) x available depth (feet)

2. DUST ABATEMENT

- A. Will there be any discharges to the Dust Abatement TDM at this facility? YES ☐ NO ☐

If yes to 2A, complete one column in the table below for each separate Dust Abatement site type and site location.

Site type refers to different types of application sites such as unpaved bin storage lots or unpaved orchard roads.

Site location refers to application sites at separate locations.

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site.			
Site type: i.e. bin storage lots, unpaved roads, etc.			
Site location – give a brief description of where the site is located			
Depth to groundwater (feet)			
Surface area of application site (acres)			
Maximum application rate (gallons / acre / day)			

- B. Are all the dust abatement sites owned by the facility? YES ☐ NO ☐

- C. If no to 2B, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment / disposal site(s), and which describe the specific wastewater(s) and specific treatment / disposal methods to be employed? YES ☐ NO ☐

3. PUBLICLY OWNED TREATMENT WORKS (POTW)

- A. Will there be any discharges (other than sanitary) from this facility to a POTW? If yes, complete the following table and have the relevant certifications in 3A and 3B signed by the appropriate authorities.
- YES ☐ NO ☐

Name of POTW	
ID numbers from Section B. of all the wastewater discharges to the POTW.	

B. POTW CERTIFICATION

If other than sanitary wastewater is discharged, or is intended to be discharged to a POTW, the following certification must be signed by the proper POTW authority.

I have reviewed this application and based upon that review I have determined that the POTW specified below has adequate hydraulic and treatment capacity to accept the flows from the facility as described in this application.

Name of POTW	
Address	
City, State, Zip	
POTW Authority: Name (printed)	
Title	
Signature	
Date signed	

C. CONTRIBUTORY COLLECTION SYSTEM CERTIFICATION

A contributory collection system is a system which provides no treatment, but only collects wastewater and discharges it into a separate wastewater system for treatment. An example is the Union Gap Collection System which discharges into the Yakima Regional Wastewater Treatment System. If other than sanitary wastewater is discharged, or is intended to be discharged to a non-treatment contributory collection system prior to discharge to a POTW, the following certification must be signed by the proper contributory collection system authority.

I have reviewed this application and based upon that review I have determined that the contributory collection system specified below has adequate hydraulic capacity to accept the flows from the facility as described in this application.

Name of contributory collection system	
Address	
City, State, Zip	
System Authority: Name (printed)	
Title	
Signature	
Date signed	

4. LAND APPLICATION

- A. Will there be any discharges to Land Application at this facility? YES ☐ NO ☐

If yes to 4A, complete one column for each separate site type and site location.

Site type refers to different types of application sites such as irrigated crop land, irrigated orchard land, or un-irrigated non-crop land.

Site location refers to application sites at separate locations.

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site.			
Site type: i.e. un-irrigated non-crop land, irrigated crop land, etc			
Site location – give a brief description of where the site is located			
Depth to groundwater (feet)			
Surface area of application site (acres)			
Maximum application rate (gallons / acre / day)			

- B. Are all the land application sites owned by the facility? YES ☐ NO ☐

- C. If no to 4B, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment / disposal site(s), and which describe the specific wastewater(s) and specific treatment / disposal methods to be employed? YES ☐ NO ☐

5. PERCOLATION SYSTEMS

- A. Will there be any wastewater discharges to Percolation Systems at this facility? YES ☐ NO ☐

If yes to 5A, complete one column in the table below for each separate percolation site.

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site.			
Surface area of application site (acres)			
Maximum application rate (gallons / acre / day)			
Depth to groundwater (feet)			
Wet / Dry Cycle* Number of application days			
Number of percolation days			
Number of drying days			

* The Wet / Dry Cycle is a function of the soil type, percolation rates, climate, and dosing cycles.

Application days = number of days per cycle that wastewater is discharged to the system

Percolation days = number of days per cycle that it takes the applied wastewater to completely percolate into the ground.

Drying days = number of days the site stays dry before the next wastewater application.

- B. Are all the percolation system sites owned by the facility? YES ☐ NO ☐
- C. If no to 5B, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment / disposal site(s), and which describe the specific wastewater(s) and specific treatment / disposal methods to be employed? YES ☐ NO ☐

6. SURFACE WATERS

Will there be any wastewater discharges to **Surface Waters** YES ☐ NO ☐
at this facility? If yes, complete one column in the table below
for each discharge site.

Will the discharge be to a conveyance system prior to discharge to the surface water i.e. to a city or county stormwater collection system? YES ☐ NO ☐

If yes, complete both Tables A and B. If no, complete only Table B.

Table A. Collection System Certification To be signed by the proper Collection System Authority

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the discharges to the collection system			
Location of discharge: Latitude	o ' " N	o ' " N	o ' " N
Longitude	o ' " W	o ' " W	o ' " W
Description of discharge location			
Maximum discharge rate (gal / day)			
Name of the collection system			
Owner of the collection system			
Address			
City, State, Zip			
Certification Statement: I have reviewed this application and based upon that review I have determined that the contributory collection system specified above has adequate hydraulic capacity to accept the flows from the facility as described in this application.			
NAME (PRINTED)		TITLE	
SIGNATURE		DATE SIGNED	

TABLE B. DESCRIPTION OF SURFACE WATER DISCHARGE

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site.			
Name of waterbody			
Description of outfall			
Maximum discharge rate (gal / day)			
Location of discharge: Latitude	o ' " N	o ' " N	o ' " N
Longitude	o ' " W	o ' " W	o ' " W

7. DRAINFIELDS

Will there be any wastewater discharges to sub-surface drainfields at this facility? If yes, complete one column in the table below for each discharge.

YES ☐NO ☐

	Site 1	Site 2
ID numbers from Section B. of all the wastewater discharges to this site.		
Description of drainfield (include information on pre-treatment, system capacity, location, etc.)		
Maximum discharge rate (gallons / day)		

8. OTHER DISCHARGE SITES NOT PREVIOUSLY SPECIFIED

Will there be any wastewater discharges to TDMs or sites not previously specified? If yes, complete the information below for each discharge type or site.

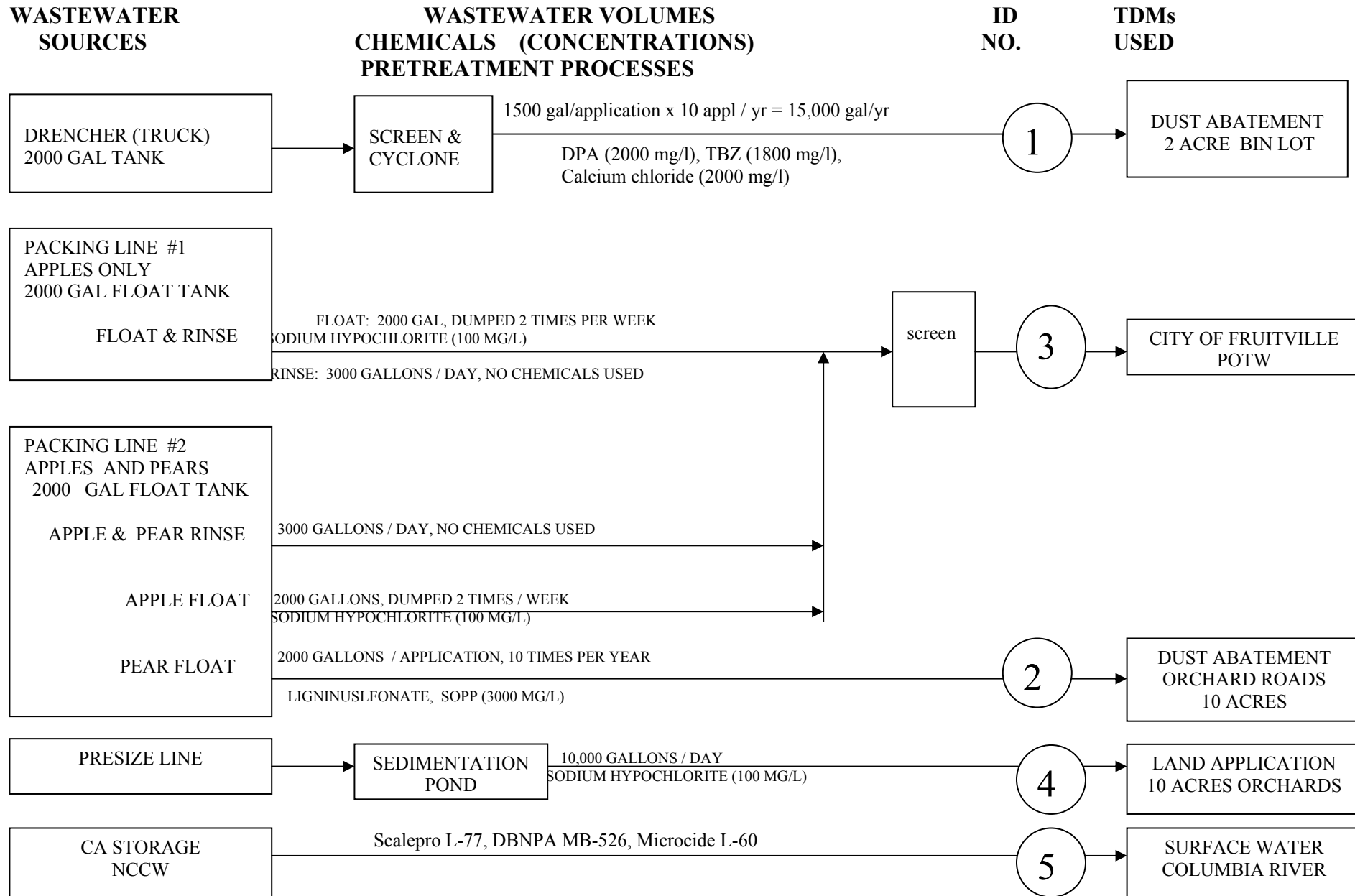
YES ☐NO ☐

	1	2
ID numbers from Section B. of all the wastewater discharges to this site.		
Description of TDM or site (include information on treatment type, capacity, location, etc.)		
Maximum discharge rate (gallons / day)		

SECTION E. SUMMARY FACILITY SKETCHES

Attach a line drawing summarizing all the wastewater flows in this facility. Indicate all wastewater sources, wastewater volumes, chemicals used and their concentrations, pretreatment processes, Wastewater discharge ID Numbers, and Treatment / Disposal Methods (TDMs) used. All this information should already be contained in Sections B, C and D of this application. The next page is an example of a line drawing for a hypothetical facility with a truck drencher, one packing line that runs apples only, a second packing line that runs both apples and pears, a pre-size line, and CA storage. There are discharges to 2 dust abatement sites (one for drencher wastewater and a separate site for pear float tank water containing ligninsulfonate), a POTW, land application, and surface waters.

EXAMPLE OF LINE DRAWING FOR A HYPOTHETICAL FACILITY



SECTION F. ADDITIONAL INFORMATION TO BE COMPLETED BY ALL FACILITIES

1. USE OF CONTRACTORS OR CONSULTANTS

Were any contractors or consultants used to complete any part of this application? If yes, complete the following table.

YES ☐

NO ☐

	CONSULTANT 1	CONSULTANT 2
Consultants Name		
Title		
Company Name		
Address		
City, State, Zip		
Phone Number		

2. ENVIRONMENTAL COMPLIANCE PLAN

Has an Environmental Compliance Plan containing the following four sections been completed for this facility?

YES ☐

NO ☐

- Treatment / Disposal Methods Operations Plan
- Solid Waste Management Plan
- Spill Prevention Plan
- Stormwater Pollution Prevention Plan

If yes, indicate the date when it was last reviewed and updated. _____

If no, indicate the date when the facility ECP will be completed. _____

3. PRODUCTION

Give approximate annual production numbers.

	Annual Maximum	Annual Average
Number of bins packed		
Number of bins stored		

4. USE OF OTHER FACILITIES TO PACK OR STORE

Does this facility currently, or have definite plans to, rent storage space or packing facilities to or from any other company? YES ☐ NO ☐

If yes, complete the following table.

Rental status (check one)	To <input type="checkbox"/> From <input type="checkbox"/>	To <input type="checkbox"/> From <input type="checkbox"/>	To <input type="checkbox"/> From <input type="checkbox"/>
Type of Rental (check all that apply)	Storage <input type="checkbox"/> Packing <input type="checkbox"/>	Storage <input type="checkbox"/> Packing <input type="checkbox"/>	Storage <input type="checkbox"/> Packing <input type="checkbox"/>
Company Name			
Address			
City, State, Zip			
Phone Number			

5. WATER CONSUMPTION

Indicate water source(s) (check all that apply)	<input type="checkbox"/> Public system (specify) _____ <input type="checkbox"/> Private well <input type="checkbox"/> Surface water
Water Right Permit or Certification Number (if applicable)	
Is water metered? (yes/no)	
Indicate total water use: Average gallons per day	
Maximum gallons per day	

6. RECYCLING

Are any recycling or reclamation processes in use which will affect any of the wastewater discharges identified in Section B.? YES ☐ NO ☐

If yes, complete table below.

WASTEWATER DISCHARGE ID NOS.	DESCRIPTION OF RECYCLING OR RELCAMATION PROCESS	DATE IMPLEMENTED

7. PRETREATMENT

Are any pretreatment processes used to improve wastewater quality prior to discharge? If yes, list the ID Number assigned in Section B for all the wastewater discharges which discharge to the pretreatment process listed below.

YES ☐

NO ☐

WASTEWATER DISCHARGE ID NO.	PRETREATMENT PROCESS	WASTEWATER DISCHARGE ID NO.	PRETREATMENT PROCESS
	Air flotation		Septic tank
	Centrifuge		Solvent separation
	Chemical precipitation		Constructed wetland (lined)
	Chlorination		Rock/reed filter (lined)
	Cyclone		Stormwater diversion or storage
	Filtration		Other bio-treatment (specify)
	Flow equalization		
	Grease or oil separation		Other chemical treatment (specify)
	Grease trap		
	Grit removal		Other physical treatment (specify)
	Ion exchange		
	pH correction		Other (specify)
	Ozonation		
	Reverse osmosis		Other (specify)
	Screen		
	Sedimentation		

8. SLUDGE HANDLING

Will any sludge be generated at this facility. This includes material from sedimentation basins, lined evaporative lagoons, storage ponds, etc. If yes, describe how they will be disposed.

YES ☐

NO ☐

SOURCE OF SLUDGE	DESCRIPTION OF HOW SLUDGE WILL BE TREATED / DISPOSED

9. HAULED DISCHARGES

A. Does this facility haul, or intend to haul, off-site any process wastes, sludge, or wastewater? YES ☐ NO ☐

B. Will the hauling be done by an outside contract hauler? YES ☐ NO ☐

If yes to either 13A or 13B, complete the following.

	HAULED DISCHARGE 1	HAULED DISCHARGE 2
Who will do hauling (self or contractor)		
Type of waste to be hauled		
Destination of waste material		
Contract hauler company name		
Contract hauler owner's name		
Company street address		
City, State, Zip		
Phone Number		

10. DANGEROUS WASTES

Does this facility produce or store any wastes, either presently or in the future, on-site or off-site, that have designated as dangerous or extremely hazardous waste under the provisions of The Dangerous Waste Regulations, Chapter 173-303 WAC? If yes, complete the following table. YES ☐ NO ☐

DESCRIPTION OF WASTE	PERMIT NUMBER

11. SEASONAL WASTEWATER DISCHARGE VARIATIONS

Are any of the wastewater discharges identified in Section B. seasonably variable, i.e. are there any months in which that wastestream has reduced flow or zero discharge? If yes, complete the following table by writing:

YES ☐

NO ☐

“N” in each month that a particular wastestream is discharged at normal flows

“R” in any month it is discharged at substantially reduced flows (i.e. less than half of normal flow)

“0” in any month when there is zero discharge.

WASTEWATER DISCHARGE ID NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

SECTIONS G AND H (PAGES 20 – 23) NEED TO BE COMPLETED ONLY FOR NEW FACILITIES OR EXISTING FACILITIES WITH MODIFICATIONS.

<p style="text-align: center;">SECTION G. ADDITIONAL INFORMATION TO BE COMPLETED ONLY FOR MODIFICATIONS AND NEW FACILITIES</p>
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1. Is this application for a new facility or a modification of an existing facility (check one)?

NEW FACILITY ☐
MODIFICATION ☐

2. **PROJECT DESCRIPTION**

Give a brief description of any new construction, expansions, improvements, or modifications which would create a new wastewater discharge or have an impact on the volume or characteristics of any existing wastewater discharges. Include approximate implementation dates. Attach additional sheets if needed.

3. **SEPA (STATE ENVIRONMENTAL PROTECTION ACT)**

Have all SEPA requirements been met for this project?

YES ☐

NO ☐

If yes, attach a copy of the SEPA determination to this application.

If no, explain what is being done to meet SEPA.

4. STORED MATERIALS

List any materials such as oils, solvents, paint, lubricants, cleaners, etc. that are or will be stored on-site and which in 55-gallon or larger containers. Material in smaller containers should be listed if you feel they have the potential to cause groundwater or surface water contamination.

MATERIAL	QUANTITY STORED	MATERIAL	QUANTITY STORED

5. STORMWATER

- a. Briefly describe the facility's stormwater management system or methods.

- b. Give the approximate size of the stormwater collection areas.

Unpaved areas _____ square feet

Paved areas _____ square feet

Other (roofs) _____ square feet

- c. Attach a sketch of the facility showing the stormwater drainage/collection areas, disposal areas, and discharge points.

SECTION H. WASTEWATER INFORMATION TO BE COMPLETED ONLY FOR MODIFICATIONS AND NEW FACILITIES
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Provide measurements or a range of measurements for the listed parameters, if known, for those wastewater discharges which the facility will be discharging to the listed treatment/disposal methods. It is not necessary to report data which has previously been submitted to the Department of Ecology.

1. Dust Abatement

PARAMETER	DRENCHER	FLOAT TANK	FLUMES / HYDROCOOL	RINSE WATER	NCCW	ANALYTICAL METHOD	DETECTION LIMIT
pH							
Total chloride							
Total residual chlorine							
Captan®							
Dichloran®							
Rovral®							
SOPP							
Other (specify)							

2. POTW

PARAMETER	DRENCHER	FLOAT TANK	FLUMES / HYDROCOOL	RINSE WATER	NCCW	ANALYTICAL METHOD	DETECTION LIMIT
BOD ₅							
pH							
Total chloride							
Total sulfate							
Total suspended solids							
Total residual chlorine							
Captan®							
Dichloran®							
Ethoxyquin®							
Rovral®							
SOPP							
Thiabendazole (TBZ)							
Topsin®							
Other (specify)							

3. Land Application

PARAMETER	DRENCHER	FLOAT TANK	FLUMES / HYDROCOOL	RINSE WATER	NCCW	ANALYTICAL METHOD	DETECTION LIMIT
BOD ₅							
pH							
Total chloride							
Total sulfate							
Total dissolved solids							
Total suspended solids							
Total residual chlorine							
Captan®							
Dichloran®							
Rovral®							
SOPP							
Other (specify)							

4. Percolation Systems

PARAMETER	DRENCHER	FLOAT TANK	FLUMES / HYDROCOOL	RINSE WATER	NCCW	ANALYTICAL METHOD	DETECTION LIMIT
BOD ₅							
pH							
Total chloride							
Total sulfate							
Total dissolved solids							
Total suspended solids							
Total residual chlorine							
Ethoxyquin®							
Rovral®							
SOPP							
thiobenzadole®							
Topsin®							
Other (specify)							

5. Surface Water

PARAMETER	DRENCHER	FLOAT TANK	FLUMES / HYDROCOOL	RINSE WATER	NCCW	ANALYTICAL METHOD	DETECTION LIMIT
BOD ₅							
pH							
Total chloride							
Total suspended solids							
Total residual chlorine							
Other (specify)							